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Label Number: EL488649859US Date of Deposit September 25, 2001

I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

Guy E. Beardsley
Printed name of person mailing correspondence

such small entity status is still proper and desired.

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)					
Attorney Docket Number	00786/351006	00786/351006			
Applicant	Gary Ruvkun et al.	Gary Ruvkun et al.			
Title	-	THERAPEUTIC AND DIAGNOSTIC TOOLS FOR IMPAIRED GLUCOSE TOLERANCE CONDITIONS			
PRIORITY INFORMATION:		·			
a continuation-in-part of PCT/U.S.S.N. 08/888,534, filed July	US98/10080, filed May 15, 199 y 7, 1997, now abandoned, and	205,658, filed December 3, 1998, which is 18, which is a continuation-in-part of d U.S.S.N. 08/857,076, filed August 3, N. 08/857,076, filed May 15, 1997, now			
SMALL ENTITY STATUS:					
△ Applicant claims small entity	status under 37 C.F.R. § 1.27	·.			
APPLICATION ELEMENTS:					
Cover sheet	-	1 page			
Specification		215 pages			
Claims		2 pages			
Abstract		1 page			
Drawing		69 sheets			
Combined Declaration and POA, which is:		2 pages			
Sequence Statement		0 pages			
Sequence Listing on Paper		0 pages			
Sequence Listing on Diskette		0 disk			
Small Entity Statement, which is:  A copy from prior application [**SERIAL NUMBER**] and		0 pages			



Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 10 - 20 x \$9	\$0
Excess Independent Claims Fee: 4 - 3 x \$40	\$40.00
Multiple Dependent Claims Fee: \$135	\$135.00
Total Fees:	\$530.00

⊠Enclosed is a check for \$530.00 to cover the total fees.

☑ Please apply any other charges, or any credits, to Deposit Account No. 03-2095.

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Telephone: 617-428-0200 Facsimile: 617-428-7045

**CUSTOMER NO: 21559** 

Signature C

25 Sofewar 2001

Date

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